

## STATISTICAL BRIEF #104

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### **The Long-Term Uninsured in America, 2002 to 2003: Estimates for the U.S. Population under Age 65**

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#### **Introduction**

Estimates of the health insurance status of the U.S. civilian noninstitutionalized population are critical to policymakers and others concerned with access to medical care and the cost and quality of that care. Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. When estimating the size of the uninsured population, it is important to consider the distinction between those uninsured for short periods of time and those long-term uninsured (defined for the purposes of this report as those uninsured for at least two years).

Using data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) for 2002 and 2003, this report provides estimates of the proportion of the civilian noninstitutionalized non-elderly (under age 65) population that was uninsured for up to two years, 2002 to 2003, and identifies groups especially at risk of lacking health insurance. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

#### **Findings**

According to the MEPS-HC for 2002 and 2003, 31.6 percent (79.6 million people, estimate not shown) of the under-65 population were uninsured for at least one month during the two-year period including calendar year 2002 and 2003. Of the total population under age 65, 9.6 percent (24.2 million people, estimate not shown) were uninsured for the entire two-year period (figure 1).

The age groups 18 to 24 and 25 to 29 were the most likely to be uninsured for some time during 2002 to 2003. For the age group 18 to 24, 54.9 percent were uninsured for at least one month or more, while for the age group 25 to 29, 50.7 percent were such. Conversely, children, age less than 18, were the least likely to be uninsured for two years. For children, 4.3 percent were long-term uninsured, 2002 to 2003 (figure 1).

#### **Highlights**

- During the two-year period 2002 to 2003, the age groups 18 to 24 and 25 to 29 were the most likely to be uninsured, at 54.9 and 50.7 percent, respectively, for at least one month, while children (age less than 18) were the least likely to be long-term uninsured (4.3 percent).
- Hispanics or Latinos were the most likely to be uninsured for at least one month during 2002 to 2003 and for the entire two-year period, at 51.2 and 20.8 percent, respectively.
- Hispanics or Latinos were disproportionately represented among the long-term uninsured over the two-year period. While Hispanics or Latinos represented 32.4 percent of the long-term uninsured population under age 65, they represented only 10.7 percent of the always insured population.
- Individuals with lower incomes (i.e., persons in families with income up to 200 percent of the poverty line) were disproportionately represented among the long-term uninsured over the two-year period 2002 to 2003.

Among people under age 65, Hispanics or Latinos were substantially more likely than black non-Hispanic or Latino single race, white non-Hispanic or Latino single race, or Asian or Pacific Islanders non-Hispanic or Latino single race to lack health insurance during the two-year period. Among Hispanics or Latinos under age 65, 51.2 percent were uninsured for at least one month, while 20.8 percent were uninsured for the entire two years, 2002 to 2003. This compares to 35.5 and 10.0 percent, respectively, of black non-Hispanic or Latino single race; 26.2 and 7.2 percent, respectively, of white non-Hispanic or Latino single race; and 32.0 and 7.2 percent, respectively, of Asian or Pacific Islanders non-Hispanic or Latino single race (figure 2). Hispanics or Latinos single race were disproportionately represented among the long-term uninsured over the two-year period. While Hispanics and Latinos single race represented 32.4 percent of the long-term uninsured population under age 65, they represented only 10.7 percent of the always insured population (figure 3). However, a different pattern was noted for white non-Hispanic or Latino single race. While white non-Hispanic or Latino single race represented 49.5 percent of the long-term uninsured population under age 65, they represented 71.2 percent of the always insured population (figure 3).

Individuals with lower incomes (i.e., persons in families with income up to 200 percent of the poverty line) were disproportionately represented among the long-term uninsured over the two-year period 2002 to 2003. While poor, near poor, and low income individuals represented 12.6, 3.5, and 12.9 percent, respectively, of the population, they represented 22.1, 7.6, and 26.0 percent, respectively, of the long-term uninsured population (figure 4). In contrast, individuals with high incomes (i.e., persons in families with income over 400 percent of the poverty line) were disproportionately represented among those having health insurance throughout 2002 and 2003. Those with high incomes represented 37.6 percent of the population, but they accounted for 46.5 percent of the always insured (figure 4).

## Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: 2002 and 2003 Full-Year Consolidated Data Files, HC-070 and HC-079, respectively. In addition, HC-080, the MEPS Panel 7 Longitudinal Weight File, was used.

## Definitions

### *Uninsured*

People who did not have health insurance coverage at any time during 2002 through 2003 were classified as the long-term uninsured. People who were covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were considered to be uninsured. People with health insurance coverage for the entire period, 2002 to 2003, were classified as always insured.

### *Age*

Age was defined as age at the end of the year 2002.

### *Race/ethnicity*

Classification by race and ethnicity was based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, Asian and Pacific Islanders Hispanic, and other Hispanic, the race categories of black, white, Asian and Pacific Islanders, and other do not include Hispanic. MEPS respondents who reported other single or multiple races and were non-Hispanic were included in the other category. For this analysis, the following classification by race and ethnicity was used: Hispanic (of any race), non-Hispanic blacks, non-Hispanic whites, non-Hispanic Asian and Pacific Islanders, and non-Hispanic others.

### *Poverty status*

Sample persons were classified according to the total yearly income of their family. Within a household, all people related by blood, marriage, or adoption were considered to be a family. Poverty status

categories are defined by the ratio of family income to the Federal income thresholds, which control for family size and age of the head of family. Poverty status was based on annual income in 2002.

Poverty status categories are defined as follows:

- Poor: Persons in families with income less than or equal to the poverty line; includes those who had negative income.
- Near poor: Persons in families with income over the poverty line through 125 percent of the poverty line.
- Low income: Persons in families with income over 125 percent through 200 percent of the poverty line.
- Middle income: Persons in families with income over 200 percent through 400 percent of the poverty line.
- High income: Persons in families with income over 400 percent of the poverty line.

## About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

## References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. HCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/papers/mr1\\_97-0026/mr1.htm](http://www.meps.ahrq.gov/papers/mr1_97-0026/mr1.htm)

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. HCPR Pub. No. 97-0027. Rockville, Md.: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/papers/mr2\\_97-0027/mr2.htm](http://www.meps.ahrq.gov/papers/mr2_97-0027/mr2.htm)

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003; 41(7) Supplement: III-5–III-12.

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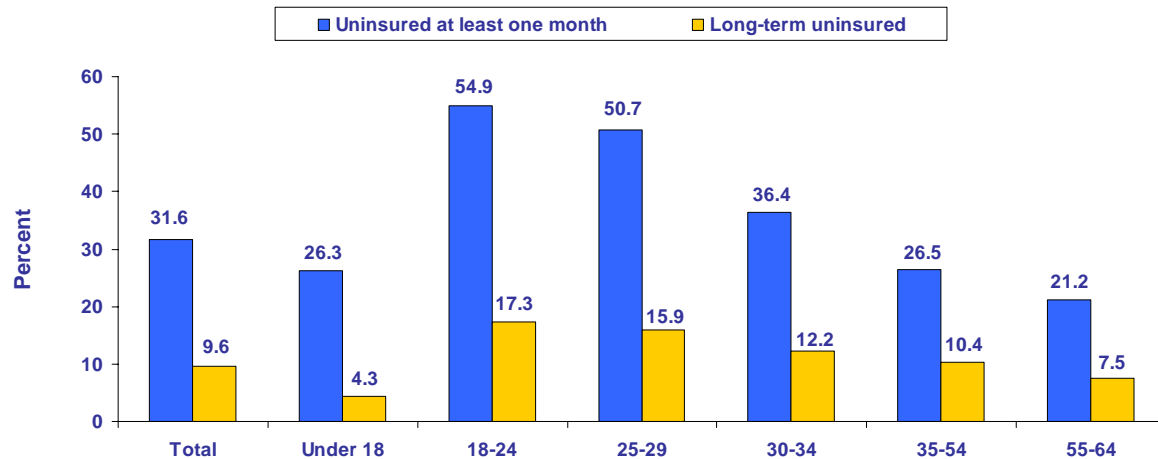
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at [mepspd@ahrq.gov](mailto:mepspd@ahrq.gov) or send a letter to the address below:

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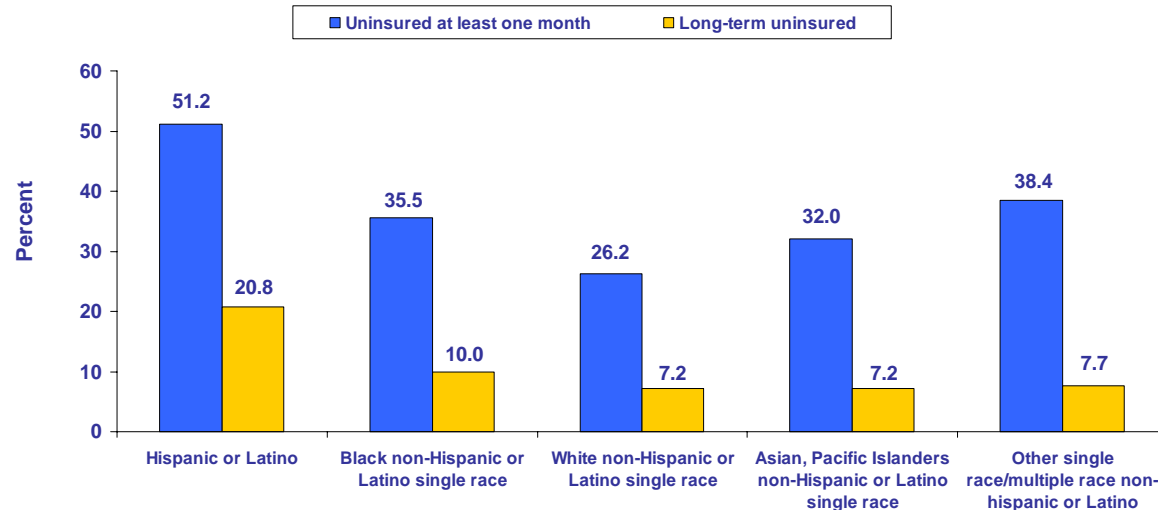
**Figure 1. Percentage uninsured by age, U.S. civilian noninstitutionalized population under age 65, 2002 to 2003**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-070 (2002), HC-079 (2003), and HC-080 (Panel 7)



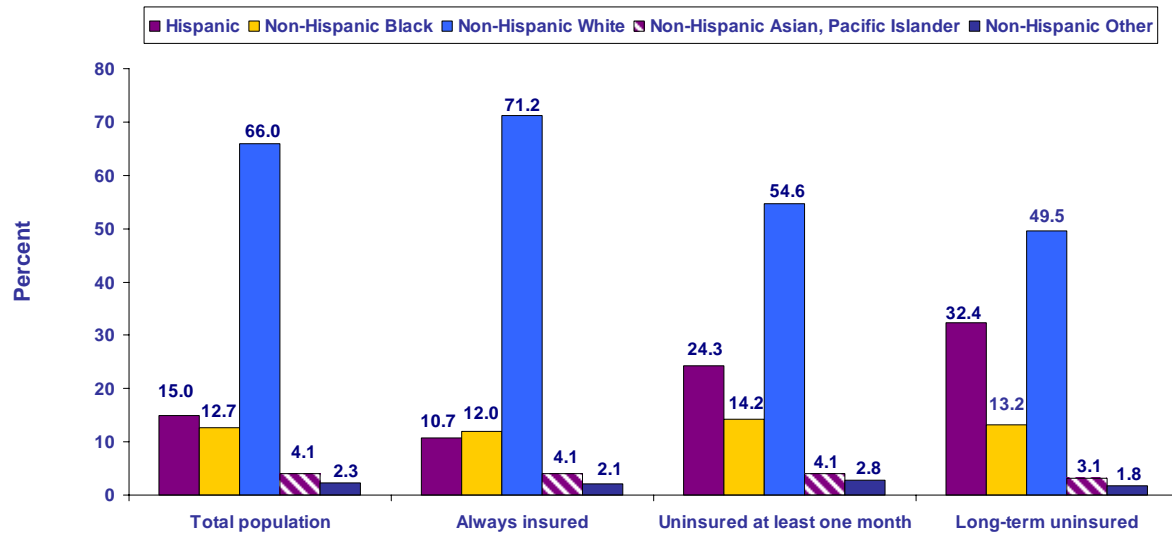
**Figure 2. Percentage uninsured by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2002 to 2003**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-070 (2002), HC-079 (2003), and HC-080 (Panel 7)



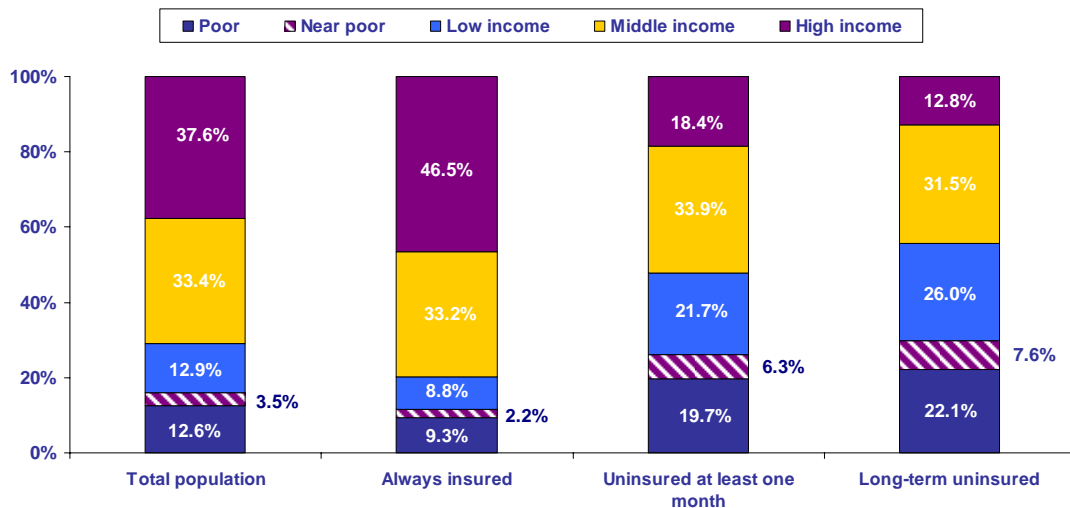
**Figure 3. Distribution of population and health insurance status by race/ethnicity, U.S. civilian noninstitutionalized population under age 65, 2002 to 2003**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-070 (2002), HC-079 (2003), and HC-080 (Panel 7)



**Figure 4. Distribution of population and health insurance status by poverty status, U.S. civilian noninstitutionalized population under age 65, 2002 to 2003**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-070 (2002), HC-079 (2003), and HC-080 (Panel 7)